

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_\_  
District of Nevada  
(State)Case number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name KONA GOLD, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names3. Debtor's federal Employer Identification Number (EIN) 9 0 - 0 7 4 2 7 9 5

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

115 & 139 STATE ROUTE 341  
Number Street316 CALIFORNIA AVENUE # 94  
Number Street

P.O. Box

MOUND HOUSE NV 89501  
City State ZIP CodeRENO NV 89501  
City State ZIP Code

Location of principal assets, if different from principal place of business

LYON  
County

Number Street

City State ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

Debtor

KONA GOLD, LLC

Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

— — — —

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor KONA GOLD, LLC Case number (if known) \_\_\_\_\_  
 Name

**11. Why is the case filed in *this* district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_
- Contact name \_\_\_\_\_
- Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated assets**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor

KONA GOLD, LLC

Name

Case number (if known)

## 16. Estimated liabilities

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## 17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/04/2017  
MM / DD / YYYY

**X**/s/ Steve Davis

Signature of authorized representative of debtor

Steve Davis

Printed name

Title Manager

## 18. Signature of attorney

**X**/s/ /s/ J. Craig Demetras

Signature of attorney for debtor

Date

05/04/2017

MM / DD / YYYY

J. Craig Demetras

Printed name

Law Offices of J. Craig Demetras

Firm name

230 E. LIBERTY STREET

Number Street

RENO

City

NV  
State89501  
ZIP Code(775) 348-4600

Contact phone

mail@demetras-oneill.com

Email address

4246

Bar number

NV  
State

## Fill in this information to identify the case:

Debtor name KONA GOLD, LLCUnited States Bankruptcy Court for the: Nevada

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

<b>2.1</b> Creditor's name <u>JIN DE LAND</u>  Creditor's mailing address <u>901 CORPORATE CENTER DRIVE #500</u> <u>MONTEREY PARK, CA 91754</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____	Describe debtor's property that is subject to a lien <u>115 &amp; 139 State Route 341</u> <u>Mound House, NV 89706</u>  Describe the lien <u>NOTE</u>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,000,000.00</u>	<u>\$500,000.00</u>
<b>2.2</b> Creditor's name <u>LYON COUNTY TREASURER</u>  Creditor's mailing address <u>27 SOUTH MAIN STREET</u> <u>YERINGTON, NV 89447</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>1 - 0 3</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____	Describe debtor's property that is subject to a lien <u>139 STATE ROUTE 341</u> <u>MOUND HOUSE, NV 89706</u>  Describe the lien <u>NOTE</u>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$6,221.00</u>	<u>\$0.00</u>
<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		<u>\$2,316,221.00</u>	



List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

Form 206D                      Official Part 2 of **Schedule D: Creditors Who Have Claims Secured by Property**                      page 3 of 3

## Fill in this information to identify the case:

Debtor KONA GOLD, LLC

United States Bankruptcy Court for the: Nevada

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address  
CHRIS PETERSON

As of the petition filing date, the claim is: \$29,958.00

Total claim

Priority amount

\$12,475.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim:

WAGES

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.2** Priority creditor's name and mailing address  
DARCY MCMILLIN

As of the petition filing date, the claim is: \$19,180.00

\$19,180.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

P. O. 794VIRGINIA CITY, NV 89440

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim:

WAGES

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

**2.3** Priority creditor's name and mailing address  
INTERNAL REVENUE SERVICE

As of the petition filing date, the claim is: \$19,792.00

\$19,792.00

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

P. O. BOX 7346PHILADELPHIA, PA 19101

Date or dates debt was incurred \_\_\_\_\_

Basis for the claim:

Taxes and Other GovernmentDebts

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)



**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ 655.00

\$ 655.00

NEVADA DEPARTMENT OF TAXATION  
4600 KIETZKE LANE, SUITE L-235  
RENO, Nevada 89502

Date or dates debt was incurred

Last 4 digits of account  
numberSpecify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No  
☐ Yes

2.5 Priority creditor's name and mailing address

\$ 0.00

\$ 0.00

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.6 Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.7 Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> AETNA INSURANCE 151 FARMINGTON AVENUE HARTFORD, CT 06156  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 8,532.00
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> CHRIS PETERSON   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> non-priority wage claim  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 17,483.00
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> DELTA DENTAL 3560 DELTA DENTAL DRIVE ST. PAUL, MN 55122  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 500.00
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> DEMETRAS & O'NEILL 230 E. LIBERTY STREET RENO, NV 89501  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 12,000.00
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> FRANK & LINDA MARCIN   Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 10,000.00
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> GARRET WEYAND 608 DURWOOD LACANADA, CA 91011  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 40,851.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	<p>Nonpriority creditor's name and mailing address INTERNAL REVENUE SERVICE</p> <p>P. O. BOX 7346 PHILADELPHIA, PA 19101</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ NOTICE ONLY</p>
3.8	<p>Nonpriority creditor's name and mailing address INTUIT</p> <p>2700 COAST AVENUE MOUNTAIN VIEW, CA 94043</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 7,796.00</p>
3.9	<p>Nonpriority creditor's name and mailing address KATE MCMANUS</p> <p>1637 H STREET NAPA, CA 94559</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 52,357.00</p>
3.10	<p>Nonpriority creditor's name and mailing address MARK HILL</p> <p>1637 H STREET NAPA, CA 94559</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 5,000.00</p>
3.11	<p>Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION</p> <p>1550 COLLEGE PARKWAY, SUITE 115 CARSON CITY, Nevada 89706-7937</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ NOTICE ONLY</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> NEVADA DEPARTMENT OF TAXATION  4600 KIETZKE LANE, SUITE L-235 RENO, Nevada 89502  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 4 0</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 714.70
3.13	<b>Nonpriority creditor's name and mailing address</b> NEVADA DEPARTMENT OF TAXATION  555 E. WASHINGTON AVENUE #1300 LAS VEGAS, Nevada 89101  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ NOTICE ONLY
3.14	<b>Nonpriority creditor's name and mailing address</b> NEVADA EMPLOYMENT SECURITY DIVISION  500 E. THIRD STREET CARSON CITY, Nevada 89713  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 6 0 0</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 7,303.00
3.15	<b>Nonpriority creditor's name and mailing address</b> NORTH AMERICAN MAPPING  2175 GREEN VISTA DRIVE SPARKS, NV 89431  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 18,000.00
3.16	<b>Nonpriority creditor's name and mailing address</b> NV ENERGY  P. O. BOX 10100 RENO, NV 89520  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,799.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	<p>Nonpriority creditor's name and mailing address</p> <p>OFFICE OF THE U.S. TRUSTEE</p> <p>300 BOOTH STREET, ROOM 3009</p> <p>RENO, Nevada 89509</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ NOTICE ONLY</p>
3.18	<p>Nonpriority creditor's name and mailing address</p> <p>RICHARD LAPRAIRE</p> <p>1595 ASBURY LANE</p> <p>RENO, NV 89523</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 22,437.00</p>
3.19	<p>Nonpriority creditor's name and mailing address</p> <p>ROBERT G. CUFFNEY</p> <p>1595 ASBURY LANE</p> <p>RENO, NV 89523</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 9,409.00</p>
3.20	<p>Nonpriority creditor's name and mailing address</p> <p>SHAFER EQUIPMENT CO.</p> <p>955 GREG ST</p> <p>SPARKS, NV 89431</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 6,186.00</p>
3.21	<p>Nonpriority creditor's name and mailing address</p> <p>SOCIAL SECURITY ADMINISTRATION</p> <p>160 SPEAR STREET, SUITE 1300</p> <p>SAN FRANCISCO, California 94105-1545</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ NOTICE ONLY</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22	<b>Nonpriority creditor's name and mailing address</b> STEVE DAVIS  316 CALIFORNIA AVENUE #94 RENO, NV 89501  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 89,304.00
3.23	<b>Nonpriority creditor's name and mailing address</b> T.D. JEFFERSON  P. O. BOX 5772 INCLINE VILLAGE, NV 89450  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 8,266.00
3.24	<b>Nonpriority creditor's name and mailing address</b> THE COMPUTER GUY  1185 CALIFORNIA AVENUE, STE G RENO, NV 89509  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 5,030.00
3.25	<b>Nonpriority creditor's name and mailing address</b> WOODBURN & WEDGE  6100 NEIL LANE #500 RENO, NV 89511  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.26	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. NEVADA LABOR COMMISSION 1818 COLLEGE PKWY, SUITE 102 CARSON CITY, Nevada 89706-7986	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. KERN & ASSOCIATES, LTD 5421 KIETZKE LANE, SUITE 200 RENO, NV 89511	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. SUMMIT COLLECTION SERVICES 491 COURT STREET RENO, NV 89501	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

**Part 4:****Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**5a. \$ 69,585.005b. **Total claims from Part 2**5b. + \$ 372,967.705c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ 442,552.70



**Fill in this information to identify the case:**

Debtor name KONA GOLD, LLC

United States Bankruptcy Court for the: Nevada

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

## **Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	STEVE DAVIS 316 CALIFORNIA AVENUE #94  RENO, NV89501						\$89,304.00
2	KATE MCMANUS 1637 H STREET  NAPA, CA94559						\$52,357.00
3	WOODBURN & WEDGE 6100 NEIL LANE #500  RENO, NV89511						\$50,000.00
4	GARRET WEYAND 608 DURWOOD  LACANADA, CA91011						\$40,851.00
5	CHRIS PETERSON		WAGES				\$29,958.00
6	RICHARD LAPRAIRE 1595 ASBURY LANE  RENO, NV89523						\$22,437.00
7	INTERNAL REVENUE SERVICE P. O. BOX 7346  PHILADELPHIA, PA19101		Taxes and Other Government Debts				\$19,792.00
8	NORTH AMERICAN MAPPING 2175 GREEN VISTA DRIVE  SPARKS, NV89431						\$18,000.00

Debtor KONA GOLD, LLC  
Name

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	CHRIS PETERSON		non-priority wage claim				\$17,483.00
10	DEMETRAS & O'NEILL 230 E. LIBERTY STREET  RENO, NV89501						\$12,000.00
11	DARCY MCMILLIN P. O. 794  VIRGINIA CITY, NV89440		WAGES				\$11,856.00
12	FRANK & LINDA MARCIN						\$10,000.00
13	ROBERT G. CUFFNEY 1595 ASBURY LANE  RENO, NV89523						\$9,409.00
14	AETNA INSURANCE 151 FARMINGTON AVENUE  HARTFORD, CT06156						\$8,532.00
15	T.D. JEFFERSON P. O. BOX 5772  INCLINE VILLAGE, NV89450						\$8,266.00
16	INTUIT 2700 COAST AVENUE  MOUNTAIN VIEW, CA94043						\$7,796.00
17	See Attachment 1 500 E. THIRD STREET  CARSON CITY, NV89713						\$7,303.00
18	SHAFFER EQUIPMENT CO. 955 GREG ST  SPARKS, NV89431						\$6,186.00
19	THE COMPUTER GUY 1185 CALIFORNIA AVENUE, STE G  RENO, NV89509						\$5,030.00
20	MARK HILL 1637 H STREET  NAPA, CA94559						\$5,000.00

Attachment  
Debtor: KONA GOLD, LLC Case No:

Addendum 1

- a. NEVADA EMPLOYMENT SECURITY DIVISION

**Fill in this information to identify the case and this filing:**

Debtor Name KONA GOLD, LLC

United States Bankruptcy Court for the: Nevada

Case number (If known): \_\_\_\_\_

**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206—Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/04/2017  
MM / DD / YYYY

**X**/s/ Steve Davis

Signature of individual signing on behalf of debtor

Steve Davis

Printed name

Manager

Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT  
NEVADA**

In Re:

Case No.

**KONA GOLD, LLC**

Debtor(s)

**DECLARATION RE: ELECTRONIC FILING OF  
PETITION, SCHEDULES & STATEMENTS**

**PART I - DECLARATION OF PETITIONER**

I (WE) **KONA GOLD, LLC**, the undersigned debtor(s), **hereby declare under penalty of perjury** that the information provided in the electronically filed petition, statements, and schedules is true and correct and that I signed these documents prior to electronic filing. I consent to my attorney sending my petition, statements and schedules to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be executed at the First Meeting of Creditors and filed with the Trustee. I understand that failure to file the signed and dated original of this DECLARATION may cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice. I (we) further declare under penalty of perjury that I (we) signed the original Statement of Social Security Number (s), (Official Form B21), prior to the electronic filing of the petition and have verified the 9-digit social security number displayed on the Notice of Meeting of Creditors to be accurate.

☐ If petitioner is an individual whose debts are primarily consumer debts and who has chosen to file under a chapter: I am aware that I may proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, understand the relief available under each chapter, and choose to proceed under this chapter. I request relief in accordance with the chapter specified in this petition. I (WE) and, the undersigned debtor(s), **hereby declare under penalty of perjury** that the information provided in the electronically filed petition, statements, and schedules is true and correct.

☒ If petitioner is a corporation or partnership: I declare under a penalty of perjury that the information provided in the electronically filed petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

☐ If petitioner files an application to pay filing fees in installments: I certify that I completed an application to pay the filing fee in installments. I am aware that if the fee is not paid within 120 days of the filing date of filing the petition, the bankruptcy case may be dismissed and, if dismissed, I may not receive a discharge of my debts.

Dated: **May 4, 2017**Signed: **/s/ Steve Davis**

(Applicant)

(Joint Applicant)

**PART II - DECLARATION OF ATTORNEY**

I **declare under penalty of perjury** that the debtor(s) signed the petition, schedules, statements, etc., including the Statement of Social Security Number(s) (Official Form B21) before I electronically transmitted the petition, schedules, and statements to the United States Bankruptcy Court, and have followed all other requirements in Administrative Orders and Administrative Procedures, including submission of the electronic entry of the debtor(s) Social Security number into the Court's electronic records. If an individual, I further declare that I have informed the petitioner (if an individual) that [he or she] may qualify to proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available under each chapter. This declaration is based on the information of which I have knowledge.

Dated: **May 4, 2017**Attorney for Debtor(s) **/s/ J. Craig Demetras****J. Craig Demetras**

Address of Attorney

**230 E. LIBERTY STREET****RENO, Nevada 89501**

AETNA INSURANCE  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156

CHARLES KOZAK  
3100 MILL ST., STE 115  
RENO, NV 89502

CHRIS PETERSON

DARCY MCMILLIN  
P. O. 794  
VIRGINIA CITY, NV 89440

DELTA DENTAL  
3560 DELTA DENTAL DRIVE  
ST. PAUL, MN 55122

DEMETRAS & O'NEILL  
230 E. LIBERTY STREET  
RENO, NV 89501

FRANK & LINDA MARCIN

GARRET WEYAND  
608 DURWOOD  
LACANADA, CA 91011

INCorp SERVICES, INC.  
3773 HOWARD HUGHES PKWY  
STE 500S  
LAS VEGAS, NV 89169

INTERNAL REVENUE SERVICE  
P. O. BOX 7346  
PHILADELPHIA, PA 19101

INTUIT  
2700 COAST AVENUE  
MOUNTAIN VIEW, CA 94043

JIN DE LAND  
901 CORPORATE CENTER DRIVE #500  
MONTEREY PARK, CA 91754

KATE MCMANUS  
1637 H STREET  
NAPA, CA 94559

KERN & ASSOCIATES, LTD  
5421 KIETZKE LANE  
SUITE 200  
RENO, NV 89511

LYON COUNTY TREASURER  
27 SOUTH MAIN STREET  
YERINGTON, NV 89447

MARK HILL  
1637 H STREET  
NAPA, CA 94559

MCDONALD CARANO WILSON, LLP  
c/o JOHN FRANKOVICH  
P. O. BOX 2670  
RENO, NV 89505

NEVADA DEPARTMENT OF TAXATION  
4600 KIETZKE LANE, SUITE L-235  
RENO, NV 89502

NEVADA DEPARTMENT OF TAXATION  
555 E. WASHINGTON AVENUE #1300  
LAS VEGAS, NV 89101

NEVADA DEPARTMENT OF TAXATION  
1550 COLLEGE PARKWAY, SUITE 115  
CARSON CITY, NV 89706-7937

NEVADA EMPLOYMENT SECURITY DIVISION  
500 E. THIRD STREET  
CARSON CITY, NV 89713

NEVADA LABOR COMMISSION  
1818 COLLEGE PKWY  
SUITE 102  
CARSON CITY, NV 89706-7986

NORTH AMERICAN MAPPING  
2175 GREEN VISTA DRIVE  
SPARKS, NV 89431

NV ENERGY  
P. O. BOX 10100  
RENO, NV 89520

OFFICE OF THE U.S. TRUSTEE  
300 BOOTH STREET, ROOM 3009  
RENO, NV 89509

RICHARD LAPRAIRE  
1595 ASBURY LANE  
RENO, NV 89523

ROBERT G. CUFFNEY  
1595 ASBURY LANE  
RENO, NV 89523



SHAFFER EQUIPMENT CO.  
955 GREG ST  
SPARKS, NV 89431

SOCIAL SECURITY ADMINISTRATION  
160 SPEAR STREET, SUITE 1300  
SAN FRANCISCO, CA 94105-1545

STEVE DAVIS  
316 CALIFORNIA AVENUE #94  
RENO, NV 89501

STEVE DAVIS  
316 CALIFORNIA AVENUE # 94  
RENO, NV 89501

SUMMIT COLLECTION SERVICES  
491 COURT STREET  
RENO, NV 89501

T.D. JEFFERSON  
P. O. BOX 5772  
INCLINE VILLAGE, NV 89450

THE COMPUTER GUY  
1185 CALIFORNIA AVENUE, STE G  
RENO, NV 89509

WILLIAM W. & SALLY A. TARGOSH  
1002 WINTERS PARKWAY  
DAYTON, NV 89403

WOODBURN & WEDGE  
6100 NEIL LANE #500  
RENO, NV 89511

UNITED STATES BANKRUPTCY COURT  
Nevada

In re: **KONA GOLD, LLC**

Debtors

Case No. \_\_\_\_\_

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **May 4, 2017**

Signed: **/s/ Steve Davis**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: **/s/ /s/ J. Craig Demetras**

**J. Craig Demetras**  
**Attorney for Debtor(s)**  
**Bar no.: 4246**  
**230 E. LIBERTY STREET**  
**RENO, Nevada 89501**  
**Telephone No: (775) 348-4600**  
**Fax No: (775) 348-9315**

**E-mail address:**  
**mail@demetras-oneill.com**